

L11000024956 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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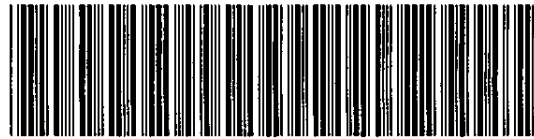
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 15 AM 11:21

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B. BOSTICK

AUG 16 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMIR HOLDINGS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**AMIR NIZRI**  
Name of Person  
**TD CPA PC**  
Firm/Company  
**3801 HOLLYWOOD BLVD, STE 100A**  
Address  
**HOLLYWOOD, FL 33021**  
City/State and Zip Code  
**RONEN@TDCPAFIRM.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RONEN BENHARUSH** at ( **954** ) **985-5626**  
Name of Person Area Code & Daytime Telephone Number

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REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**AMIR HOLDINGS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB 28, 2011 and assigned Florida document number L11000024956.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** 3801 HOLLYWOOD BLVD, SUITE 100A  
HOLLYWOOD, FL, 33021  
*(Principal office address MUST BE A STREET ADDRESS)*

**Enter new mailing address, if applicable:** 3801 HOLLYWOOD BLVD, SUITE 100A  
HOLLYWOOD, FL, 33021  
*(Mailing address MAY BE A POST OFFICE BOX)*

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:** AMIR NIZRI

**New Registered Office Address:** 3801 HOLLYWOOD BLVD, SUITE 100A  
*Enter Florida street address*

HOLLYWOOD, Florida 33021  
*City Zip Code*

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**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Amir  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12 AUG 15 AM 11:21  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

Dated AUGUST 13, 2012

Amir  
 Signature of a member or authorized representative of a member

AMIR NIZRI  
 Typed or printed name of signee